

ANTHONY ALVAREZ
 PLAINTIFF/PETITIONER/MOVANT'S NAME
V-12145) C-Facility, C-3-111-L)
 PRISON NUMBER

CENTINELA STATE PRISON

PLACE OF CONFINEMENT

Imperial, California
 ADDRESS
#92251)

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 SOUTHERN DISTRICT OF CALIFORNIA
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United States District Court
 Southern District Of California

C 07-3667

Civil No. (06-2112)-WQH (PR)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

ANTHONY ALVAREZ
 Plaintiff/Petitioner/Movant

v.
VICTOR M. ALMAGER, Warden,
 Defendant/Respondent

MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
PAUPERIS

I, Mr. ANTHONY ALVAREZ, Petitioner,
 declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without
 prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this
 proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration CENTINELA STATE PRISON

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust
 account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- f. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. \$0.00 from sister ~28.00 from friend. I do not have funds coming from anyone on a regular basis

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? Yes No

c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. _____

None

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____

None

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

10,000 COURT COSTS 300 TO SHIRLA FABLKNER
WD 53 8TH AVE, S.D. CALIF. ~~EX~~

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____

N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

None

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

July 8th, 2007

DATE

SIGNATURE OF APPLICANT

ANTHONY ALVAREZ,

V-12145) C-Facility, C-3-111-L,

CENTINELA STATE PRISON.

#92251

In Pro Per ..

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Mr. ANTHONY ALVAREZ,
 (Name of Prisoner/CDC No.)
 request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$350 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

July 8th 2007)

DATE

Anthony Alvarez

SIGNATURE OF PRISONER

ANTHONY ALVAREZ,
 V-12145, CFACILITY, C-3-111-L
 CENTINELA STATE PRISON

In Pro Per...

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant

Mr. ANTHONY ALVAREZ,

(NAME OF INMATE)

V-12145, C-Facility, C-3-111-L

(INMATE'S CDC NUMBER)

has the sum of \$

.65

on account to his/her credit at

Centinela State Prison

(NAME OF INSTITUTION)



I further certify that the applicant has the following securities

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's *average monthly balance* was \$

5.28

and the *average monthly deposits* to the applicant's account was \$

5.25

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT

STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD

IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1911(a)(2).

July , 2007)

DATE



SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Alicia Garcia

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK

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5 CALIFORNIA DEPARTMENT OF CORRECTIONS
6 CENTINELA STATE PRISON
7 INMATE TRUST ACCOUNTING SYSTEM
8 INMATE TRUST ACCOUNT STATEMENT

9 FOR THE PERIOD: FEB. 01, 2007 THRU JUL. 10, 2007

10 ACCOUNT NUMBER : V12145
11 ACCOUNT NAME : ALVAREZ, ANTHONY
12 PRIVILEGE GROUP: A

13 BED/CELL NUMBER: FCB3T1000000111L
14 ACCOUNT TYPE: I

15 TRUST ACCOUNT ACTIVITY

16 TRAN	17 DATE	18 CODE	19 DESCRIPTION	20 COMMENT	21 CHECK NUM	22 DEPOSITS	23 WITHDRAWALS	24 BALANCE
	02/01/2007		BEGINNING BALANCE					0.11
	04/26*DD30	CASH DEPOSIT	5510	MLRM		9.00		9.11
	05/01*DD30	CASH DEPOSIT	5590	MLRM		22.50		31.61
	05/14	FC03 DRAW-FAC 3	5905	FAC C			31.00	0.61

25 * RESTITUTION ACCOUNT ACTIVITY

26 DATE SENTENCED:	27 11/13/03	28 CASE NUMBER:	29 *SCD174061
30 COUNTY CODE:	31 *SD	32 FINE AMOUNT:	33 \$ 300.00

34 DATE	35 TRANS.	36 DESCRIPTION	37 TRANS. AMT.	38 BALANCE
02/01/2007		BEGINNING BALANCE		300.00
04/26/07	DR30	REST DED-CASH DEPOSIT	10.00-	290.00
05/01/07	DR30	REST DED-CASH DEPOSIT	25.00	265.00

40 * THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
41 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

42 TRUST ACCOUNT SUMMARY

43 BEGINNING	44 TOTAL	45 TOTAL	46 CURRENT	47 HOLDS	48 TRANSACTION
49 BALANCE	50 DEPOSITS	51 WITHDRAWALS	52 BALANCE	53 BALANCE	54 TO BE POSTED
0.15	31.50	31.00	0.65	0.00	0.00



49 THE WITHIN INSTRUMENT IS A CORRECT
50 COPY OF THE TRUST ACCOUNT MAINTAINED
51 BY THIS OFFICE.
52 ATTEST:
53 CALIFORNIA DEPARTMENT OF CORRECTIONS
54 BY Alvin J. Jr.
55 TRUST OFFICE

56 CURRENT
57 AVAILABLE
58 BALANCE
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1 ANTHONY ALVAREZ,
 2 V-12145) C-Facility, C-5-127-L
 3 CENTENELA STATE PRISON
 4 Post Office Box-921.)
 5 Imperial, California
 6 E-Filing # 9225)
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 RICHARD WIECKING
 CLERK, U.S. DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

1 ORIGINAL
 2 Filed: Jul. 17, 2007
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 8 **UNITED STATES DISTRICT COURT**
 9 **NORTHERN DISTRICT OF CALIFORNIA**

10 ANTHONY ALVAREZ, C
 11 Plaintiff,
 12 vs.
 13 VICTOR M. ALMAGER, MMC
 14 Warden. Defendant.
 15

16 CASE NO. 07 3667
 17 **PRISONER'S APPLICATION TO PROCEED**
 18 **IN FORMA PAUPERIS (PR)**
 19

20 SA
 21

22 I, ANTHONY ALVAREZ, declare, under penalty of perjury that I am the
 23 plaintiff in the above entitled case and that the information I offer throughout this application
 24 is true and correct. I offer this application in support of my request to proceed without being
 25 required to prepay the full amount of fees, costs or give security. I state that because of my
 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
 entitled to relief.

26 In support of this application, I provide the following information:
 27

28 1. Are you presently employed? Yes No X

29 If your answer is "yes," state both your gross and net salary or wages per month, and give the
 30 name and address of your employer:

31 Gross: N/A Net: N/A

32 Employer: Not Applicable

1 If the answer is "no," state the date of last employment and the amount of the gross and net
2 salary and wages per month which you received. (If you are imprisoned, specify the last
3 place of employment prior to imprisonment.)

N/A Not Applicable

7 2. Have you received, within the past twelve (12) months, any money from any of the
8 following sources:

9 a. Business, Profession or Yes No
10 self employment

13 c. Rent payments? Yes No
14 d. Pensions, annuities, or Yes No

15 life insurance payments? Yes No X

16 e Federal or State welfare payments. Yes No X

17 Social Security or other govern-
18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
20 received from each.

N/A

23 3. Are you married? Yes No

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4 a List amount you contribute to your spouse's support: \$ N/A

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 N/A

6 7. Do you own or are you buying a home? Yes No X

8 Estimated Market Value: \$ N/A Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes No X

10 Make N/A Year _____ Model _____

11 Is it financed? Yes No If so, Total due: \$ Not/Applicable

12 Monthly Payment: \$ N/A

13 7. Do you have a bank account? Yes No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: Not/Applicable

15 16. Present balance(s): \$ N/A

17 17. Do you own any cash? Yes No X Amount: \$ None

18 19. Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 market value.) Yes No X

20 21. 8. What are your monthly expenses?

22 22. Rent: \$ N/A Utilities: N/A

23 23. Food: \$ N/A Clothing: N/A

24 24. Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>X</u>	\$ <u>X</u>	\$ <u>X</u>
<u>X</u>	\$ <u>X</u>	\$ <u>X</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 \$ 10,000 COURT COSTS
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 Name
10

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15 Aug. 6th, 2007
16 DATE

Anthony Alvarez
17 SIGNATURE OF APPLICANT

18 ANTHONY ALVAREZ,
19 V-12145) Facility, C-5127-L
20 CENTINELA STATE PRISON.
21 Imperial, California
22 #92251
23

24 In Pro Per, ...
25
26
27
28

1
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8 Case Number: 07-3667

9
10
11
12 CERTIFICATE OF FUNDS
13
14

15 IN
16
17 PRISONER'S ACCOUNT
18
19

20 I certify that attached hereto is a true and correct copy of the prisoner's trust account
21 statement showing transactions of Anthony Alvarez [prisoner name]
22 for the last six months
23 Centinela State Prison [name of institution] where (s)he is confined.

24 I further certify that the average deposits each month to this prisoner's account for the
25 most recent 6-month period were \$ 5.25 and the average balance in the prisoner's
26 account each month for the most recent 6-month period was \$ 6.83.
27
28

Dated: 8/7/07


[Signature]
[Authorized officer of the institution]

CALIFORNIA DEPARTMENT OF CORRECTIONS

CENTINELA STATE PRISON

INMATE TRUST ACCOUNTING SYSTEM

INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAR. 01, 2007 THRU AUG. 07, 2007

ACCOUNT NUMBER : V12145

BED/CELL NUMBER: FCB5T1000000127L

ACCOUNT NAME : ALVAREZ, ANTHONY

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	03/01/2007		BEGINNING BALANCE					0.15
	04/26*DD30	CASH DEPOSIT	5510 MLRM			9.00		9.15
	05/01*DD30	CASH DEPOSIT	5590 MLRM			22.50		31.65
	05/14	FC03 DRAW-FAC 3	5905 FAC C				31.00	0.65

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/10/2007	H109	LEGAL POSTAGE HOLD	0202 7/9	5.38
07/10/2007	H109	LEGAL POSTAGE HOLD	0202 7/9	4.60

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 11/13/03

CASE NUMBER: *SCD174061

COUNTY CODE: *SD

FINE AMOUNT: \$ 300.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
03/01/2007		BEGINNING BALANCE		300.00
04/26/07	DR30	REST DED-CASH DEPOSIT	10.00-	290.00
05/01/07	DR30	REST DED-CASH DEPOSIT	25.00-	265.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
 * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTION TO BE POSTED
0.15	31.50	31.00	0.65	9.98	0.00

THE INFORMATION CONTAINED IN THIS INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST:



CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY _____
 TRUST OFFICE

CURRENT
 AVAILABLE
 BALANCE

Trust Officer :-

Administration - Building
(Mail - Room)

CENTINELA STATE PRISON.

Imperial, California

#92251

August 5th, 2007

Re:

(Enclosed) Self - Stamped & Addressed Envelope To
The Court - Need You To Sign Last Page &
fill it out & Mail it To Court - (FORM))
(The Court Form)

Dear Trust Officer :

Will you please fill out Prisoners Status &
Sign The last Page and Mail To Federal Court.

Thanking You in Advance for your Concern

SINCERELY,

A. Anthony Alvarez

ANTHONY ALVAREZ,
V-12145.) C-Facility, 05-127-L

CENTINELA STATE PRISON.

Imperial, California

#92251

On a legal
DEADLINE

In Pro Per,.....